ASBESTOS PROJECT PERMIT APPLICATION To be submitted to the department at least two weeks (10 working days) prior to the start of work.												
This form may be completed online at https://app.mt.gov/AsbestosPermits												
ACCOUNTING CODE: 574832 / 502702 / 022 TYPE OF ACTIVITY												
Encapsi	ulate (S)	Rei	move (V)		ort/Disposal (TD)	Revision	to Permit No:					
Enclosu			novation (R)	Repair		MT P/N/C/F:						
		ASBEST	OS PROJECT CON	TRACTOR (Oper	rator)							
Asbestos Project Contractor, Individual or Company Name												
Mailing Address City State Zip County												
0	Idean (On Grand)		Orantara dan Orantara Bana	(First d l (No.	. 67							
Company E-Mail Address (Optional) Contractor Contact Person (First and Last Name)												
Telephone Number												
Telephone Number Fax Number												
	On-Site Project Contractor/Supervis	sor		Contractor/Superviso	r Accreditation Number	Exp	iration Date					
			SITE/BUILDING			Ĺ						
	///					1-0						
Owner Name	W A James						- 14					
	1- 1/2	150				10						
Mailing Address	A FE J A STATE OF		С	ity	State	Zip	County					
SI.												
	Telephone Number		SITE INFORM		for Contact Person for Ow	ner(First and Last Name)					
77.	0/8		SHE INFORM	ATION			- 11					
Building Nama / Sit	e (Please note that site name listed	I may not be reflected on a	parmit or online listing of an	proved projects)			and the same					
Building Name / Site	e (Flease note that site hame listed	may not be reliected on p	permit or oritine listing or app	oroveu projecis)			-14					
Location Address	ESSA-LES		City	S	tate	Zip	County					
2000 IION 7 IGG 000	- Pro-		Ony	Harry Hall		Zip	County					
	Site Contact Pers	son (First and Last Name)	- 100	21.5	Site or Conta	nct Person Telephone Nu	mber					
10 10-	A la contact r or o	- Con (1 frot and 2det Hame)	1-5	-2	ONG OF COME	occi ordan relepitorio rel						
Building Size	(sq. ft.) Number of Fl	loors Age of Sit	e in Years		Latitude	Longitude						
			LOCATION PRES	SENT USE*								
	cial ~ Hospital ~ Industrial											
□ C	H I	□ M	0 P	□R	□ S	□ B □ U	J 🔲 V					
			LOCATION PRI	12.2								
□ C \	H		O PEMOLITION ASBES	R INSPECTION	S S	□ B □ U	J 🔲 V					
	ALC:			103 INSFECTION	JN INFORMATIO	-11/	- 10					
Is Asbestos Pr	esent?	☐ No Inspe	ection Date:		>		1					
	100					Wh.	//					
Printed Name of Inspector Who Performed Inspection Accreditation Number Expiration Date												
The above-referenced inspection report must be kept on site during the asbestos project, and during subsequent renovations or demolition.												
SCHEDULED DATES FOR ON-SITE ASBESTOS PROJECT*												
Start Da	ite (mm/dd/yyyy)	Complete Date (m	nm/dd/vvvv)									
233.7 = 3	(**************************************											
*T&D of waste r	not done under permit is note	ad helow	pulling after the			10						
			DISDOSAL	Start Date (mm/dd/vvvv)							
SCHEDULED DATES FOR ASBESTOS WASTE DISPOSAL (When not disposed of during permitted dates.) Start Date (mm/dd/yyyy) Complete Date (mm/dd/yyyy)												
TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS-CONTAINING MATERIAL												
	11120		Sheet (MTACP-LACMC			NIAE						
					CM to be removed	Non-Friable ACM	not to be removed					
Δ	1.mt 1.4	romont	Regulated ACM (Description)									
Amo		rement	,,	CATI	CAT II	CAT 1	CAT II					
2		CF		1								
3				1								
	□SF □IF [II CF II FA										
		□ CF □ EA □ CF □ EA										
4	☐ SF ☐ LF [☐ CF ☐ EA ☐ CF ☐ EA ☐ CF ☐ EA										
	□ SF □ LF [CF EA										

RACM WASTE TRANSPORTER												
Contractor, Individual or Company Name												
Mailing Address		City	State	7in	County							
Mailing Address		City	State	Zip	County							
Telephone Number		Fax Number		Contractor Contact Person	(First and Last Name)							
ACM WASTE DISPOSAL SITE												
Allied Waste Systems - Missoula	☐ Coral Cr	eek - Baker		■ Northern MT - Co	nrad							
☐ Butte Silver Bow - Butte	☐ Daniels (County - Scobey		Park County - Liv	ingston							
☐ City of Billings - Billings	☐ Flathead	County - Kalispell		Richland - Sidney	/							
☐ City of Hardin - Hardin	☐ High Pla	ins Site 1 - Great Fal	ls/Floweree	Sheridan County	- Plentywood							
☐ City of Malta - Malta	Libby Cla	ass II - Libby		Valley County - G	Blasgow							
☐ City of Shelby - Shelby	☐ Miles Cit	y - Miles City		Valleyview - Hele	na							
Other:												
	PROJECT I	DESIGN INFORMAT	ION									
Description of transportation & disposal procedures, or planned demolition or renovation work and method(s) to be used:												
Description of work practices and engineering contr		event emissions of as	sbestos at the demol	ition and renovation s	ite:							
See Annual Standard Operating Project Design (SOP	D), Number:											
Description of procedures to be followed in the ever	nt that unexpected a	shestos is found or n	previously non-friable	ashestos material he	comes crumbled							
pulverized, or reduced to powder:	The trial directpooled o	iobootoo io rouria or p	noviously man masic	accorde material se	oomoo orambioa,							
Print First and Last Name of Project Designer (PD)				(Accreditation I	Number/Exp. Date)							
I certify that: an individual trained in the provisions of 40	CFR part 61 subpar	t M will be on-site duri	ing the demolition or re									
accomplished by this person will be available for inspect	ion during the project	work hours; that all wo	rk pursuant to the auth	norization of the Asbesto	s Project Permit will be							
performed in accordance with 40 CFR part 61, subpart removed during this project will be transported properly	M, Mont. Code Ann.	§§ 75-2-501519, ARN	/ 17.74.301 - 17.74.40	06; that all asbestos-cor	taining waste materials							
projects, as applicable, a copy of the application, approved												
the contract will be on site available for department review.												
Printed Name / Signature					Pate							
Contract Volume and Fee Information	Cost		Fee Total	Check No.	Receipt Log No.							
Associated Costs		x .10										
Non-Associated Costs		1500 5 100										
Mail completed form and fee to: MT	DEQ Asbestos Contro	I Program, 1520 East 6th	n Avenue, PO Box 20090	01, Helena, MT 59620-090	1							
Got List Serve? http://svc.mt.gov/deg/ListServe/asbestosStep1.asp												
SPECIAL NOTE:												
FOR ASBESTOS PROJECTS PLEASE ENSURE THE FOLLOWING IS POSTED ON SITE PER ARM 17.74.355												
A Approved permit from the department.												
B1. Project design with sketchOR-												
B2. Current Contractor Annual Standard Operating Project Design, project specific sketch, and approved variance request.												
C. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates. D. Asbestos inspection report.												
FOR MORK AT SCHOOLS: Copy of the initial course contificate and the most recent refresher contificate /Per 40 CEP 762, Subpart E. App. C.												
E. FOR WORK AT SCHOOLS: Copy of the initial course certificate and the most recent refresher certificate (Per 40 CFR 763, Subpart E, App. C, paragraph I(C)).												
рагаугарп ((О)).												

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